

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**04-02**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**January 1, 2004**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 447 Subpart C**

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 **\$0.00**  
b. FFY 2005 **\$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-D, Page 9.a.(1)**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):  
**Same (Pending TN 03-40)**

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to clarify the provisions of the previous reduction of each private nursing facility's per diem case mix rate**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

**The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Frederick P. Cerise, M.D., M.P.H.**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**March 5, 2004**

16. RETURN TO:

**State of Louisiana  
Department of Health and Hospitals  
1201 Capitol Access Road  
PO Box 91030  
Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **MAR 18 2004**

18. DATE APPROVED: **AUG 24 2004**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**JAN - 1 2004**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

**Carmen Keller**

22. TITLE:

**Deputy Director, CMSO**

23. REMARKS:

vi. Adjustment to the Rate. (cont'd)

Effective for dates of service on or after January 1, 2004, for state fiscal year 2003-2004 only, each private nursing facility's per diem case mix adjusted rate shall be reduced by \$0.67.

TN# 04-02  
Supersedes  
TN# 03-40

Approval Date AUG 24 2004

Effective Date JAN - 1 2004